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ABSTRACT

This practicum was designed to increase the quality of service in five day care centers in a metropolitan Florida county, as evidenced by increases in the Early Childhood Environmental Rating Scale (ECERS) scores of early childhood teacher participants. A 10-week teacher education program for 5 early childhood teachers was developed around Marilyn Segal's 1991 "All About Child Care: A Comprehensive Child Care Curriculum." Nine 4-hour classes focused on safety, health, the learning environment, communication strategies, physical development, cognitive development, creative development, self-concept, and social skills, while the 10th week of the program focused on the creation an individual resource files. Pre- and post-intervention ECERS scores were developed by observing the participants in their day care center classrooms. All five participants made significant improvements in their ECERS scores, especially in the areas of furnishings/displays and creative activities. Eight appendices provide ECERS pre- and post-test scores, total ECERS scores, profiles of participants, a professional development plan, a resource file, competency goal statement guidelines and checklist, implementation plan class agendas, and a comparison on pre- and post-test ECERS scores. Contains 49 references and a list of 6 videos. (MDM)

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ED 388 429

Using Training as a Means to Improve the Level of Quality in Child Care Facilities

by

Madie Haskell

Cohort 63

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A Practicum Proposal Presented to the
Master's Program in Child Care Youth Care, and Family Support
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Abstract

Using training as a means to improve the level of quality in child care facilities. Haskell, Madie G., 1994: Practicum Report, Nova Southeastern University, Master's Program in Child Care, Youth Care, and Family Support. Descriptors: Early Childhood, Staff Training, Preschool, Teacher Training, Daycare, ECERS, ITERS, Florida Child Care Study, Work and Family Institute, Infants, Infants at Risk, Ellen Galinsky, NAEYC.

The question of teacher competence, the value of training, and the effect of training upon quality of care has long been debated. Traditionally, in child care settings outside the home, a person who cares for children under legal school age has been considered a babysitter whose sole responsibility is to provide a safe, clean environment and to prevent children from hurting one another. Because this is the focus of the care, the early childhood field usually consists of entry level workers who are paid minimum wage or slightly above.

The writer designed and implemented a strategy intended to provide training for child care workers which would increase the quality of care in child care centers. The strategy consisted of nine 4 hour classes.

Training resulted in an average gain of 38.4 points on the ECERS (Early Childhood Environmental Rating Scale) The areas of Creative Activities and Social Development showed extreme sensitivity to the training strategy and produced the largest gains. Appendices include comparisons by participant and domain.

Table of Contents

Chapter		Page
I.	Background and Introduction	1
	The setting in which the problem occurs	
	The student's role in the setting	
II.	The Problem	6
	Problem statement	
	Documentation of the problem	
	Analysis of the problem	
III.	Goals and Objectives	12
IV.	Solution Strategy	14
	Review of existing programs, models, and approaches	
	Description of solution strategy	
V.	Strategy Employed-Action Taken and Results	28
VI.	Conclusion-Implications and Recommendations	32
References		39
Appendices		44

Chapter I

Background and Introduction

The project that served as practicum setting is a program designed to provide early childhood training to the child care community of a metropolitan Florida county. A Countywide Needs Assessment was conducted which identified a need for improvement of quality of child care in the county. As a result of this Needs Assessment, a request-for-proposals process was initiated by two local funders. A private university with a history of community service was funded to administer the project. The Project uses a leadership model to empower early childhood program directors and staff to improve the quality of care. Levels of training geared to varying stages of professional development are part of this program. Additionally, the Project serving as practicum setting uses the accreditation process as a model for program improvement. Programs working at the higher levels of training are working toward and receiving accreditation by the national body (National Association for the Education of Young Children).

Successful completion of the accreditation process is one objective indicator of high quality child care. Arnett (1989), Clarke-Stewart (1987), Howes (1987) and others have concluded from their research that training of caregivers affects overall quality. The Child Development Associate (CDA) is a recognized entry level training program which provides minimum basic skills training needed

to support high quality. This practicum utilized CDA standards and content as its treatment model.

Six specific child care centers were selected as representative of the variety of centers serving children in the county. Center 1 recently opened. Although located in a low socio-economic area, the area is in the midst of urban renewal. Many homes are being renovated and the neighborhood is very active. The population of Center 1 was generally African-American as is the Director and the one staff member (presently only one class is operating). Center 1 received some assistance from the church where it is housed. The Center director comes from a business background and does not have any previous early childhood experience. The staff member has completed the mandated, introductory 20 clock hour training modules and has one year of previous experience. The facility is well-equipped. Several marketing tools were shared at the recent site visit. The director is committed to training and is enrolled in the CDA+ for Directors class, entry level training for directors with little previous early childhood educational training, which is sponsored by the Project.

Center 2 is located near the downtown area close to the Salvation Army Mission and the Homeless Shelter. It is in a low socio-economic area. Residences and businesses are run down and poverty is evident. The Center is privately owned and operated. The center director lives across the street and is usually available on site. The population is entirely African-American as is the

director and all staff. Presently, there are 26 children enrolled in three age groupings: infants, toddlers, and preschoolers. All center staff have completed the 30 clock hour training modules and one staff member is enrolled in the CDA Training Course offered by a local junior college. The center director appears to be committed to training and has recently enrolled in the CDA+ for Directors training program offered by the Project.

Center 3 is a small program housed in a newly renovated center. It is privately owned and operated. This is an upscale neighborhood of upper to upper middle class homes. The population is generally Hispanic. The director has educational credentials from South America and is enrolled in the ECA (Early Childhood Associate) Training Program. The director is presently teaching the preschool class and cooking and serving lunches. She also cleans the facility after closing each day. The only other staff member serves as infant teacher. She has no previous training or experience and has not completed the clock hour training modules.

Center 4 is located in a residential neighborhood in a converted home. The neighborhood consists mainly of first generation Americans of Spanish origin. Center 4 is privately owned and operated. The population is generally Hispanic as is the director and all staff. The director and two staff members completed the ECA (Early Childhood Associate) Degree last year. Other staff are basically untrained with little experience. All have completed the 20 clock hour training

module.

Center 5 is located in the Northern area of the town in an older Hispanic neighborhood. Center 5 has been in operation for 27 years and was recently purchased by the niece of the original owner. The population is quite diverse as is the staff, with a predominance of Hispanic children and staff. The director is enrolled in the CDA+ for Directors training program offered by the Project. One staff member has completed the CDA training offered by a local junior college and two others are enrolled in the same program and begin training in January.

Center 6 is located in the oldest section of the town. The population is exclusively Caucasian as is the director and all staff. This area of the town is affluent and the school reflects affluence in its very well-equipped facility. This is a morning only program (9:00 A.M. - 1:00 P.M.). The director has an early childhood education degree and all staff has CDA or equivalency training. The school is housed in a church and the minister and the board actively support the director in obtaining NAEYC (National Association for the Education of Young Children) accreditation. All teachers have teaching assistants and ratios are low.

As a member of the Project staff, this practicum writer provides training for directors; training and supervision in mentoring staff; technical assistance to programs; assistance in meeting the 1995 child care regulation by providing Child Development Associate (CDA) training; community support and education by

participating in the Annual Children and Family Fair; and offering training to early childhood staff through the clock hour training modules required by HRS regulations. Previously the writer served as a director of a private not-for-profit child care center. As director, the writer worked with architects to design a state-of-the-art facility which was accredited by NAEYC in 1990 and reaccredited in 1993. Job responsibilities included but were not limited to: planning and implementation of curriculum, admissions, training, budgeting, hiring, and any other duty assigned by the head of school.

Chapter II

The Problem

Quality in child care centers is frequently poor and staff training has been suggested as a predictor of quality. Therefore, the purpose of this practicum project was to determine if training produces measurable improvement in quality of care.

Since child care needs are sky-rocketing in the United States, it is essential that the issue of quality be addressed. What is quality? Although some would see the issue of quality as a luxury, more and more parents, teachers and lawmakers are recognizing the link between quality and teacher training, adult/child ratio, and group size. How do you measure quality? It is sometimes assumed that when child care programs comply with licensing regulation, they meet a level of quality. Morgan (1985) suggests that "Licensing establishes a basic floor of quality. A ceiling is represented by the goals of the profession" (p.15). Licensing is limited in its focus to the issues of health and safety. Apparently, much of society, indeed most parents (evidenced by the growing enrollment in child care centers) feel that if children are safe and healthy, that is what is important.

Within the field of early childhood education, there is a strong concern about the nature of developmentally appropriate environments for children.

Additionally there is a concern about the lack of caregiver continuity. The question of teacher competence, the value of training, and the effect of training upon quality of care has long been debated. Traditionally, in child care settings outside the home, a person who cares for children under legal school age has been considered a babysitter whose sole responsibility is to provide a safe, clean environment and to prevent children from hurting one another. Because this is the focus of the care, the early childhood field usually consists of entry level workers who are paid minimum wage or slightly above. Changes in the knowledge base and in the social structure of our country have caused a major re-evaluation of these basic criteria for child care.

Research into child development has long shown that the early years of a child's life form an important foundation for future learning. In recent years, research has placed a much greater emphasis upon the early years as a prime educational and social development period. At the same time, there are many more children in care outside the home and many of these children come from families whose parents are better educated than was the case in previous years.

Child care workers, as entry level workers are usually untrained or poorly trained and paid accordingly with beginning salaries at or slightly above minimum wage with top wages at $8.00- $9.00 an hour. This circumstance presents a dilemma which arises out of the twin problems of education and salary. If child care staff are required to present evidence of training and advanced credentials, they will demand (and receive) higher salaries. These higher salaries, then, would

necessitate higher tuition rates which already create a hardship for many families. Some child care administrators feel that requiring additional training is an unnecessary burden. They maintain that "on the job" training is sufficient. Generally the Centers which require additional training pay slightly higher wages. The raise, however, is usually quite small and is little incentive to remain in the field. Thus the staff turnover in child care setting is high.

Lack of understanding about the importance of quality has allowed poorly trained people to work in child care. Before choosing a physician, we check out the person's training and qualifications. Traditionally, society has not placed the same value upon the people who care for their children. Recent changes in the knowledge base and in the social structure are beginning to cause a major reevaluation of the basic criteria for child care.

Six centers were chosen for the purpose of this practicum project. All are presently clients in some capacity of need with the Project. They were chosen as representative samples of centers in the county in Florida with some scoring lowest, some scoring highest and some scoring in the middle range on the Early Childhood Environmental Rating Scale, commonly called ECERS, (Harms and Clifford, 1980). The ECERS leads to scores on seven dimensions of quality: (1) personal care, (2) creative activities, (3) language/reasoning activities, (4) furnishings/display, (5) fine/gross motor activities, (6) social development, and (7) adult facilities/opportunities. Taking a sum of scores across these seven dimensions gives an overall quality assessment. It should be noted that although

the ECERS does not include a separate category for interactions, interactions are measured at the upper levels of most domains. Additionally, it should also be noted that all observations were done using the criteria from Developmentally Appropriate Practice in Early Childhood Programs Serving Children From Birth Through Age 8 (Bredekamp, 1987).

For the purpose of this practicum project, participants received a pre and post assessment visit. The ECERS was used (Appendix A-B). The results were used to formulate a Professional Development Plan (Appendix C).

During the ten week period of implementation, participants attended a weekly four hour class led by the writer. Instruction was focused upon the following areas of competency: safe, healthy, learning environment, child development, and communication.

Consisting of only one classroom at the present time, Center 1 was the smallest of the centers in this practicum project. During the observation period, the care giver served mainly as a supervisor, directing the children; and as janitor, cleaning and straightening up after the children. The materials and equipment were well-kept but not age appropriate for the wide span of ages in this multi-age grouping(Bredekamp,1987). The caregiver demonstrated a lack of understanding of professional responsibilities because she was frequently engaged in activities unrelated to the care and nurture of the children.

Center 2 was poorly equipped in the areas of learning materials and basic furnishings (Harms & Clifford, 1980). Three year olds were seated at a large

table which occupied three-fourths of the available floor space. Rote memory drill of the alphabet, numerical recitation, simple addition facts, and identification of basic shapes were conducted in an authoritarian, stern and unfriendly atmosphere. No provisions for social exchanges were evidenced. No home living or dramatic play areas were available.

The director/teacher at Center 3 evidenced little knowledge of developmentally appropriate practices (Bredekamp, 1987) during the observation. Although authoritarian, she was supportive of the children's efforts. This was an academic atmosphere with emphasis on product rather than process. There were a limited number of learning materials available for the children to freely choose. There were other materials stored on high shelves. The director/teacher stated that "all the children have to do is ask for something and I will get it down for them". There was a serious staff shortage as the director/teacher also served as cook and janitor (Bredekamp, 1987).

Center 4 was well-equipped in the area of materials and equipment (Harms & Clifford, 1980). Several staff members had recently completed the Early Childhood Associate of Florida (ECA) credentialing program. There was, however, little evidence of understanding of developmentally appropriate practices (Bredekamp, 1987). Interactions were frequent but limited to providing for the health and safety needs of the children. Language was not encouraged as evidenced by the lack of use of the open- ended question and statements which extend reasoning.

Center 5 was recently purchased by another family member who is serving as director/teacher. Neither the former owner nor the present owner had early childhood experience or training. There were no models in this center although one teacher did have a ECA of Florida credential. During the observation period children were involved in teacher-directed, structured, academic tasks (flash cards). Furnishings and materials were inadequate with tables and chairs predominant (Harms & Clifford, 1980).

With a trained director and trained staff, Center 6 evidenced an understanding of and a commitment to developmentally appropriate practices (Bredekamp, 1987). During the observation period, children moved freely around a well-equipped, well-arranged room with age appropriate furnishings and activities (Harms & Clifford, 1980). Ratios were small with teacher assistants provided in most classrooms. A major concern was the route the children follow when walking out to the playground. They must cross an unlimited access parking lot.

Chapter III

Goals and Objectives

The question of teacher competence, the value of training, and the effect of training upon quality of care has long been debated. Traditionally, in child care settings outside the home, a person who cares for children under legal school age has been considered a babysitter whose sole responsibility is to provide a safe, clean environment and to prevent children from hurting one another. because this is the focus of the care, the early childhood field usually consists of entry level workers who are paid minimum wage or slightly above. Changes in the knowledge base and in the social structure of our country have caused a major re-evaluation of these basic criteria for child care.

Research into child development has shown that the early years of a child's life form an important foundation for future learning. In recent years, research has placed a much greater emphasis upon the early years as a prime educational and social development period. At the same time, there are many more children in care outside the home and many of these children come from families whose parents are better educated than was the case in previous years.

Goal

The goal of this practicum project is to increase the quality of service in day care centers as evidenced by the increase in the level of ECERS scores of one participant from each of the identified centers as a result of training in developmentally appropriate practices.

Objectives

1. At the end of the ten week period of implementation, fifty percent of the target group (three participants) will show a five point increase on the ECERS. This will be measured through a comparison of pre and post scores on the ECERS.

2. At the end of the ten week period of implementation, each participant will have participated in a training program consisting of instruction in the following competencies: Safe/Health, Learning Environment, Child Development, and Communication Skills. This will be measured by attendance at least 8 of the 10 classes.

3. At the end of the ten week period of implementation, each participant will have created a resource file (Appendix E). The file will contain a competency statement for each of the areas of competence (see Appendix F). This will be measured by the presentation of the resource file to the writer by the end of the ten weeks.

Chapter IV

Solution Strategy

Locally, the County Needs Assessment has consistently identified the need to improve the quality of childcare throughout the county. The Project ties in with national initiatives identified by United Way of America and other social service leaders who recognize that the most cost effective way to meet the goals of preparing a future responsible citizenry and preventing social problems is to invest in the healthy development of children.

The United Way of America launched the "Mobilization for America's Children" initiative to encourage local United Way chapters to focus resources on the core strategies found successful through the "Success by 6" program in promoting healthy development of children. Over 90 communities across the nation have joined the "Mobilization" initiative.

An investigation of research in the area of impact of training upon quality of care revealed that this is an area that has been neglected not only by society, but also by the research community. Early childhood development and child characteristics have been studied at length but the impact of trained versus untrained caregivers has been largely ignored. In the last few years, there has been a greater interest in the relationship of caregiver training to a child's

development, but in the last three years, an examination of dissertation abstracts, journal articles and other publications revealed few studies directly examining the impact of training.

The question of quality in child care arises out of many studies conducted in the 1970's to determine the "good" or "bad" effects of day care on children. This information was needed because of the large numbers of women with children under six who were returning to the workforce and placing their children in day care centers. Arnett (1989) reports that "in much of the early research on day care, dimensions of quality were not considered and were generally conducted in ...centers unrepresentative of the quality of care experienced by most children in day care" (p. 541).

Studies of what constitutes quality in child care programs and what factors influence quality generally focus on the child's experiences in care and their relative rates of cognitive, social, and emotional development. In attempting to define the intangible properties of quality, research generally examines the product, the child, to determine the degree to which a specific set of caregiving practices supports or inhibits developmental growth. The following studies examine one or more aspects of child development from this environmental perspective.

With the launching of the National Day Care Study in 1979, the quality of

childcare was linked to the degree of teacher training (Ruopp, Travers, Glantz and Coelen, 1979). They also concluded that child-related training is linked to more social interactions between children and caregivers, children were more persistent, and more cooperative when performing tasks, and children spent less time uninvolved.

Vandell and Powers (1983) found that high-quality, university-run centers had high levels of teacher training, large amounts of space per child, and good staff ratios. Howes'(1983) research indicated that caregivers with specialized child-related training engaged in more social stimulation and responsiveness than non-trained caregivers. Additionally, trained caregivers showed less negative effect. Arnett (1987) found similar associations between specialized caregiver training and more positive interactions with children, lower levels of detachment, and less punitiveness.

Berk (1985) found that caregivers with at least two years of college were more likely than less educated caregivers to display encouragement, teacher direction and promotion of verbal skills. The trained caregivers were also less restrictive in their approaches to behavior management.

The Los Angeles Study (Howes, et al, 1984) focused on teacher training as a quality indicator of infant-toddler child care. Although some would argue that infant-toddler teachers do not need training, that experience as a mother is

sufficient for the job, Katz (1980) has pointed out that mothering and child care caregiving involve different skills. For example, mothers' interaction with children is more emotional than teachers' interactions. Caregivers who have training in child development are more likely to plan experiences based on developmentally appropriate behaviors. Trained caregivers are better able to distinguish maladaptive behaviors from developmentally appropriate behaviors.

Clarke-Stewart (1987) reports in her Chicago Study of Child Care and Development that, after looking at various forms of child care, (and evaluating children in social competence and cognitive development), caregiver characteristics, group size and appropriate environmental stimulation had the greatest effect on child development and should be considered indicators of quality in a child care program. She also states that "high quality child care predicted not just children's level of development but also the gains in cognitive development the children made after they were placed in the program" (p. 40).

Howes (1989) did a similar study in Los Angeles focusing upon infant and toddler care and attempted to identify what type of care is best for children under three years of age. She restricted her study to the examination of three variables: adult/child ratio, caregiver continuity, and caregiver training in child development. The study compared children enrolled in eight programs designated high quality as defined by ratios of 1:4 or less, low staff turnover (children with only one or

two primary teachers over a year), and teachers with formal training in child development. Centers identified as "low quality" did not meet these standards. In observing the children, differences were noted in children's behavior, with those from low quality programs being less able to self-regulate than children from high quality programs.

Goelman and Pence (1989), reported on their work with The Victoria Day Care Research Project year period and was based on "examination of structure and process variables in both child care and home environments" (p. 89). Using a variety of assessment instruments, the researchers developed sets of characteristics of caregivers, settings, and children's child care experiences and the relationship of these characteristics to children's scores on standardized measures between quality of child care structure, level of caregiver education and children's performance on measures of cognitive development" (p. 100).

Other studies attempting to identify predictors of quality in child care include Ferrare (1991), who concluded that "the quality of the centre to a great extent depended on the work conditions and professional advancement of the caregivers" (p. 11), Clarke-Stewart & Gruber (1984), who found that "children score better on tests of cognitive and social competence when their caregivers have higher levels of child-related training and formal education" (p. 60), and Epstein (quoted in Young Children), found that "Teacher preparation...significantly

predicts program quality and better program quality is linked with more positive child outcomes, especially in...critical areas for school success" (Vol 48 (2) p. 67).

While there are a number of studies concerned with the effects of training and aspects of the potential trainee, there does not appear to be a common question of concern. Fore (1993), examined the consistency of special education early childhood requirements between different credentialing agencies including teacher certification, university graduation requirements for early childhood degrees, and the Early Childhood Council for Exceptional Children. Her study reported an increase in the number of states requiring credentials and universities providing programs to obtain these credentials. She also discovered a wide discrepancy in program requirements among the three agencies investigated.

Gilger (1993), Wien (1993), and Papas (1993) attempted to determine personal characteristics that would predict or enhance successful preschool teaching. Wien approached the problem by comparing caregiver's knowledge with their classroom practices. Her identification of discrepancies between theory and practice led her to propose that caregivers be taught to reflect on their teaching behaviors in light of their knowledge. Papas investigated pre-service behaviors and developed a scale to determine the "appropriateness and suitability of persons entering the field of early childhood education" (p. 3793)

Several studies cited teacher training as being a factor for consideration

McCarty (1993), in her study of language learning in preschool, suggested that preschool teachers need a clearer understanding of their role in a child's language development, and Zavala (1994), in a similar study suggests that "teachers need training in helping children become competent communicators and learners" (abstract). Allhusen (1993), in her study of the effect teacher-child ratios has on infant attachment, examines caregiver quality as a variable but discounts it as being a minor factor when compared to the effect of unfavorable ratios. Morgan (1993), found that Arkansas child care administrators ignored the issue of training when asked about barriers to accepting children with disabilities into their programs. The study identified four challenges, none of which was related to staff training.

Four studies examined the perceptions of teachers and administrators regarding training. McLanahan (1993), Lu (1994), Richards (1993), and Phipps (1993) investigated attitudes and satisfaction with training experiences. McLanahan asked newly graduated preschool teachers to identify the stages in their professional growth. Her findings indicate that the teachers she interviewed feel that their knowledge of curriculum, how to teach, came through their training experiences; while practical classroom skills and knowledge came with experience, experimentation, and from co-workers. Lu investigated the beliefs and attitudes of preschool teachers relative to developmentally appropriate practices (DAP), a

philosophy of education widely held in the early childhood community. Her respondents showed significant attitudinal differences based on race, major and level of professional development. Richards surveyed vocational child care teachers and exemplary directors to determine their perceptions of skills needed by child care providers that should be included in pre-service and in-service training programs while Phipps attempted to determine the attitudes of administrators toward in-service training for staff members. An "overwhelming majority" of responding administrators had a "moderately positive" attitude toward in-service training.

The final study examined was conducted by McLean (1993). Her study investigated the effects of teacher training on classroom management, instructional strategies, and DAP. She also documented the effects of these changes on children in care. "Positive child outcomes included improved quality of verbal and social interactions, cooperation, motivation, independence and improved self-esteem...[and] significant positive gains in cognitive abilities" (abstract p. 4285). Her recommendations strongly favor more inservice for poorly and untrained caregivers as well as more educated teachers. This study also infers a correlation between DAP and improved child outcomes which corroborates research conducted to identify characteristics of a high quality child care program.

In 1984, the Florida legislature entered the controversy by instituting a

child care licensure process for child care workers that includes a twenty clock hour training requirement which must be completed during the first year of employment. The response by child care professionals was divided. Some felt that the government was creating a useless bureaucracy, while others felt that the twenty clock hour training requirement was inadequate and really did not address their concerns for training.

In 1992, the Florida State Legislature instituted an additional ten clock hour of specialized training for child care workers hired after October 1, 1993. Additionally Centers were required to employ one staff member holding a competency based credential for each twenty children enrolled. This action resulted in a giant uproar in the child care community. Lobbyists efforts, however, have failed to defeat the requirement. The lobby did succeed with the "grandfathering" clause. This clause allows teachers who have ten years of experience to receive a waiver. Administrators can now comply with the 1995 requirement by offering either experience or a credential.

The Child Development Associate Credential (CDA) has been adopted by the state as a training standard that must be met by each licensed child care center using the formula of one CDA staff for each twenty (20) children in the center. Because licensing ratios vary between age groups, this effectively means that the younger the child, the less likely it is that the caregiver will possess advanced

training. With the infant ratio of 1:4 and the toddler ratio at 1:6, only one teacher out of four would be required to have training beyond the entry level required for a child care license.

The research examined, though somewhat limited, clearly indicates a correlation between training and quality of care. Since the agency's goal is to improve the quality of care for young children in the county, the practicum project will meet the needs of the participants.

The solution strategy will consist of nine 4 hour classes led by the writer. The curriculum All About Child Care (Segal,1991) will be used. The Appendix includes a detailed description of the implementation plan. An overview of the implementation is described in the following paragraphs.

During Week 1 of the ten week implementation period, participants will discuss the issue of Safe. Because the chance of accidents and injuries radically increases whenever we bring a group of young children together in a child care setting, it is critical that caregivers know how to provide a safe environment for children. In addition to Segal's curriculum, the book Healthy Young Children (NAEYC,1991) will be used.

During Week 2, participants will focus upon Health. Generally we think of avoiding disease as the same thing as maintaining good health. While it is true that we can't stay healthy unless we learn good health habits, we also need to

think of health as having the internal resources to fight off illness. We must be knowledgeable about all health rules and regulations that apply to our centers and conform to these. We must help our children develop a healthy respect for their bodies so they will want to learn to take care of themselves. In addition to the two resources mentioned in Week 1, a video "ABC's of Clean" (Soap and Detergent Foundation, 1986) will be used.

Learning Environment will be the topic for Weeks 3 and 4. Room arrangement in terms of time, space, and materials is a reflection of our philosophy. Participants will discuss the ideal classroom setting, basic equipment and furniture needs, and arrangement as it regards the developmental ages and stages of children in our care. The developmentally appropriate practices philosophy will be emphasized. Numerous supply catalogs will be used. The videos "Room Arrangement As A Teaching Strategy" (Dodge,1991) and "Developmentally Appropriate Practice: The Role of the Teacher" (NAEYC, 1989) will be shown and discussed.

Week 5 will focus upon Communication as a strategy for improving quality of care. Communication is the basis for exchanging thoughts and feelings and is the basis of thinking and feeling. It is the way we receive the accumulated wisdom of mankind and the way we communicate with people remote to us in space and time. Young children develop the language skills which are the

building blocks for later school success in the areas of reading, writing, and arithmetic. In addition to Segal's materials, the book The Patchwork Quilt (Flourney, 1993) will be used.

Physical Development will be the topic of discussion during Week 6. While it is true that all children have their own developmental time table, and that children will sit up, walk, and run according to this time table no matter how we arrange their environment; physical development involves a lot more than learning to walk and run. Physical development is critical to the whole developmental process. A child's mind and body work together. The development of motor skills contributes to the development of social and emotional skills, the development of language, and intellectual development. Several articles from professional journals, the video "Constructive Play: Constructing Realities"(NAEYC,1994), and the books Let The Kids Do It Books 1 and 2 (Zigler, et al,1983) will be used.

The participants will discuss Cognitive Development during Week 7. Cognitive Development refers to the growth of the child's ability to acquire, store, arrange, and rearrange information. As the child interacts with the environment, old concepts are revised and new concepts are created. It is through this process that young children make sense of their world. The video "Children At Play" (NAEYC,1989) will be used in combination with Segal's curriculum.

During Week 8, participants will focus on Creative Development. Creativity means different things to each of us but whatever the definition, all of us recognize that creativity is a highly desirable characteristic that we want to encourage and nurture in young children. The child who is considered highly creative is treasured in the home and in the classroom. The bright child learns whatever we teach, but the highly creative child goes beyond our teaching and makes discoveries on his own. In addition to Segal's curriculum, a reprint of a Norman Rockwell painting will be used.

The subjects Self and Social will be combined for discussion during Week 9. The feelings which a child develops about himself and the people around him help to form his emotional make-up and have a direct bearing upon his future learning experiences. The development of a child's self-concept is the sum total of all his experiences and interactions with his environment and the people around him. Young children are egocentric--that is they see the world from their point of view and have difficulty understanding a point of view that is different from their own. As teachers of young children, we must be concerned with the development of a child's self concept and social skills by first serving as a positive role model, and then structuring the environment so that children will have the opportunity to learn how other people feel and act. The video "Through Infants Eyes" (NAEYC,1989) and a wide assortment of children's literature will

be used.

During Week 10 participants will be observed by the writer for the purpose of completing the Post-ECERS observation. Class time this week will be devoted to completion of the Resource File. The writer will provide assistance and feedback in the form of resource books, videos, and technical advice.

At the end of the ten week period of implementation, this writer will analyze the ECERS scores. Results will be carefully examined to access the impact of the solution strategy.

Chapter V

Strategy Employed-Action Taken

Six participants were observed and teaching skills assessed using the ECERS (Early Childhood Environmental Rating Scale). Because of changes in the practicum implementation phase, one participant was not eligible for the training involved and therefore was not posttested and is not included in the analysis of outcomes. Remaining participants then attended a weekly four hour class during the ten week period of implementation (Appendix G). Each class was directly related to one or more areas of the assessment. Class topics included safe, health, learning environment, child development and communication. Participants also prepared a resource file as required by the program curriculum (Appendix E).

In addition to the initial ECERS observation visit and classroom instruction, the practicum writer met with each participant at her work site and offered technical assistance on room arrangement, interactions, and general strategies to improve the quality of care. The on-site visit generally lasted three hours.

Increases in quality of service by each participant were then measured by re-assessing classroom behaviors using the original assessment instrument (ECERS). This post treatment score was then compared with the pre treatment score to determine the amount of increase. These comparisons are represented

graphically in Table 1 and Graphs 1-5.

While most centers made improvement in all domains on the ECERS, it is interesting to note that the highest gains for each center occurred in the areas of furnishings/display and creative activities. Furnishings/display improvements were expected since on-site technical assistance focused on room arrangement improvement. The gains observed in creative activities may also attributed to the the two weeks of instructions combined with the on-site technical assistance as well. After looking at the items related to creative activities on the assessment instrument, it was noted that increases in creative activities are closely related to improved furnishings/display.

In looking at the scores for individual centers, Center 1, 3, and 4 showed small but similar gains across the domains. Center 2 demonstrated the greatest gains in every domain. This center received significant technical assistance especially in the area of learning environment. This component affects all ECERS domains and is reflected in the subscores and totals for the center. Center 5 was the only center to show a decrease in rating. This occurred in the area of personal care/routines and might be attributed to the staff members concentration in other areas (note creative activities' extremely large increase).

The objectives of this practicum project have all been met and exceeded. Objective 1 stated that at the end of the ten week period of implementation, fifty percent of the target group (three participants) will show a five point increase on the ECERS. In looking at the comparison of pre and post ECERS scores (Table

1), the change in pre and post scores ranges from the highest score difference of 94 points by the participant from Center 2 to the lowest score difference of 17 by the participant from Center 3. Other changes also exceed the prediction. The participant from Center 1's post assessment score was 24 points more than the pre assessment. Center 4's participant showed an increase of 19 points and Center 5's participant increased 38 points between the pre and post assessments.

Objective 2 stated that at the end of the ten week period of implementation each participant will have participated in a training program consisting of instruction in the following competencies: Safe/Health, Learning Environment, Child Development, and Communication Skills. This will be measured by attendance at least 8 of the 10 classes. During each week of the ten week period of implementation, a four hour class was held (See Appendix G for detail of specific subject matter):

Week 1	Safe
Week 2	Health
Week 3-4	Learning Environment
Week 5	Communication
Week 6	Physical Development
Week 7	Cognitive Development
Week 8	Creative Development
Week 9	Child Development/Self/Social
Week 10	Resource File

The forty hours of instruction combined with the on-site technical assistance exceeded the objective.

Objective 3 stated that at the end of the ten week period of implementation, each participant will have created a resource file (Appendix E and F). Participants wrote competency goal statements as homework assignments. Each week some class time was set aside to review the criteria for the competency statement and participants were encouraged to ask questions. The final class period during week 10 of the implementation period was devoted to finalizing the resource file. All resource files were completed and judged to be acceptable by the practicum writer.

Chapter VI

Conclusion and Implications and Recommendations

The data obtained during this practicum project clearly supports previous research that training improves quality of care. Appendix H shows a comparison of pre and post ECERS observations broken down into the seven domains of the ECERS instrument. These ratings indicate that after training the greatest improvement was in the areas of Creative Activities, Furnishings and Display, and Social Development. Previous research by Clarke-Stewart (1987) and Wien (1993) found similar improvements in care as a result of training. Results are somewhat contradictory in the area of language/reasoning. McLean's (1993) research reports that teacher training improved the quality of verbal interactions. McCarty (1993) and Zavala (1994) also found that training resulted in improved communication between teacher and child. This study found greatest gains in the areas of furnishings/display and creative activities rather than language/reasoning. The research [Clarke-Stewart & Gruber (1994) and McLean (1993)] clearly supports the increase in scores in the area of social development as a result of training.

Research has shown that the first years of a child's life are crucial in determining the quality of life throughout adulthood. In a society that constantly

claims it is putting children first, it is imperative that the out of home care in which they spend so much time be of the highest quality. In order to accomplish this, provider training needs to be encouraged and made more accessible. In the county of the practicum project, the state training organization offers four classes each year and has a waiting list for each class. Child care providers see the need for training, but are turned away. Public policy should ensure that all staff desiring training have a way to access it.

Another part of the public debate, the high cost of child care needs to addressed. Child care professionals are beginning to develop a sense of the importance of their careers and becoming dissatisfied with the poverty level wages currently available. If we, as a society, are requiring more training and expertise from our child care providers, then we are going to have to be willing to pay more for this expertise. Currently, the providers are subsidizing parents who are unwilling to pay the full cost of quality child care. The average child care teacher in the county of the practicum project earns $5.50 an hour, only $.75 above the minimum wage, and below that of some fast food franchises are paying for unskilled workers. It is patently clear that our young children cannot be cared for by unskilled workers, but identifying the precise level of training required to meet the needs of children is vital to meet the needs of the profession. A report from the Carnegie Foundation (1990) states, " Consensus is lacking...on the minimum levels of knowledge and competence that early childhood personnel with varying responsibilities require in order to be effective" (p.11). Parents who are stretched

to the breaking point financially now are unable to pay more. There needs to be some thought given to how to correct these inequities.

Some areas for future research include:

1. Does training for child care managers affect the overall quality of a child care center?
2. How does the quality of a child care center affect individual children?
3. How can the field attract and keep trained staff?

Upon evaluation of the project, the practicum writer would recommend that the content of the classes be revised to support the research findings of The Bermuda Study (Phillips, 1987) which determined that "...children clearly profit from a verbally stimulating environment in which adults frequently talk with children" (p. 53). Therefore the study of communication skills could be expanded to two weeks rather than one and the study of physical development could be combined with creative development. Comparison of the pre and post ECERS assessments in the area of Language/Reasoning indicate very little change (Table 1). Change ranges from highest 9 (Center 2) to the lowest change of 1 (Centers 1, 3, and 4). Center 5 had an increase of 6 points from pre to post assessment. The results of this practicum project clearly indicate a need for more instruction in the art of teacher/child interaction. Expanding to another week would help to remedy this need.

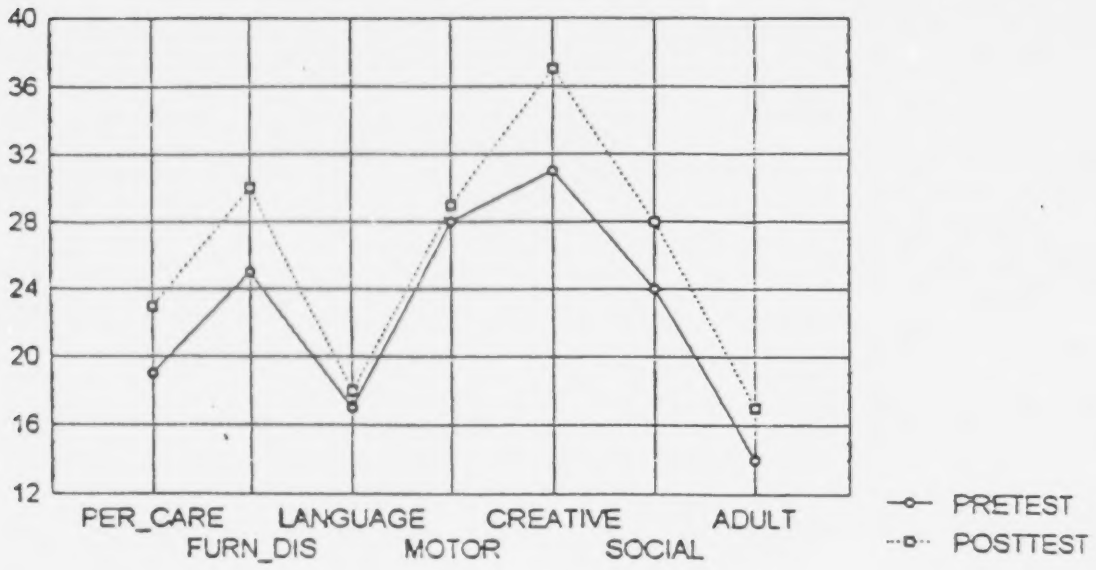
Table 1

Comparison of Pre/Post ECERS Assessments

Center Identification	1			2			3			4			5			6
	Pre	Post	Diff	Pre	Post	Diff	Pre	Post	Diff	Pre	Post	Diff	Pre	Post	Diff	Pre
Personal Care	19	23	4	10	19	9	25	27	2	17	22	5	20	16	4	20
Furnishings/Display	25	30	5	5	21	16	18	24	6	21	24	3	10	14	4	33
Language/Reasoning	17	18	1	7	16	9	20	21	1	19	20	1	11	17	6	26
Fine/Gross Motor	28	29	1	6	27	21	30	32	2	27	29	2	27	28	1	37
Creative Activities	31	37	6	11	30	19	33	36	3	28	33	5	13	28	15	43
Social Development	24	28	4	7	22	15	25	28	3	23	25	2	12	20	8	29
Adult Provisions	14	17	3	7	12	5	14	14	6	16	17	1	19	19	0	25
Total Score	158	182		53	147		165	182		151	170		112	142		213
Change	24			94			17			19			38			-
Point Difference	192									Average Difference		38.4				

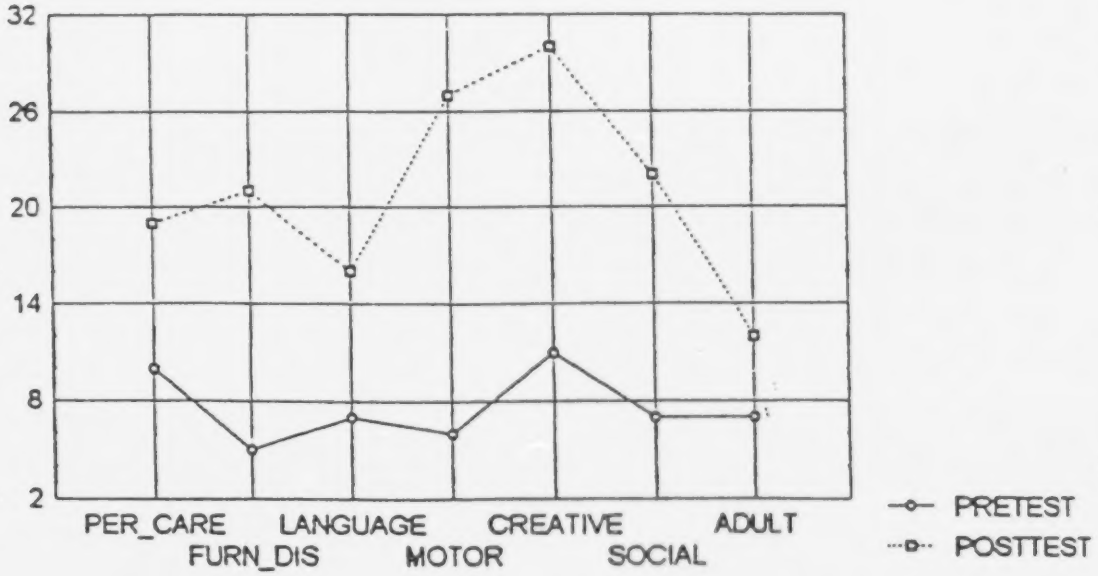
Graph 1

Total ECERS
Center 1



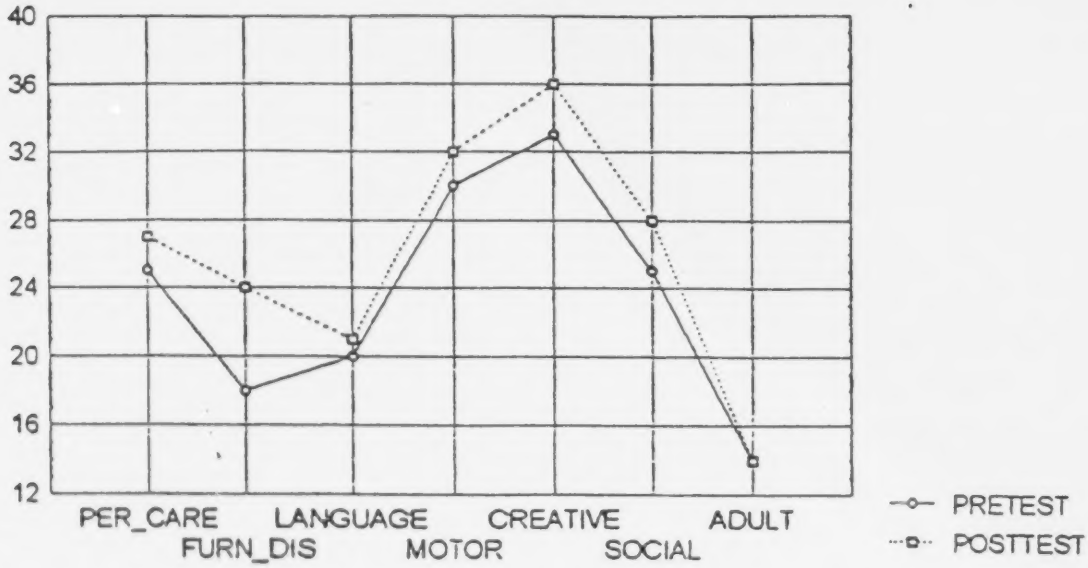
Graph 2

Total ECERS
Center 2



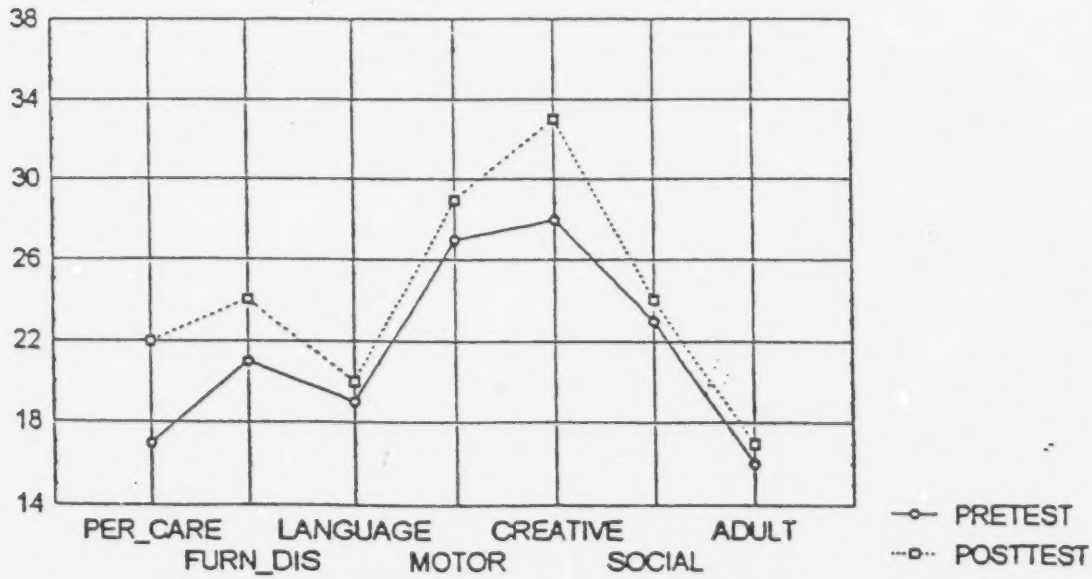
Graph 3

Total ECERS
Center 3



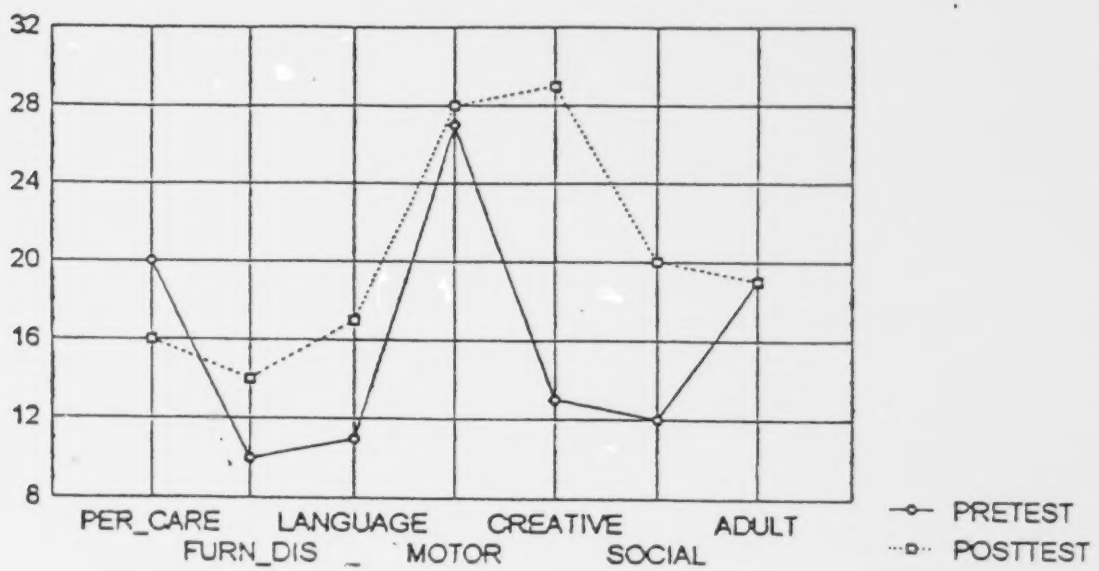
Graph 4

Total ECERS
Center 4



Graph 5

Total ECERS
Center 5



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Appendices

A. ECERS/Pre/Post Assessment

B. ECERS Totals

C. Profile of Participants

D. Professional Development Plan

E. Resource File

F. Competency Goal Statement Guidelines and Checklist

G. Implementation Plan Class Agendas

H. Comparison of Pre/Post ECERS

Appendix A

ECERS Pre/Post Assessment

Appendix A

ECERS PRE/POST ASSESSMENT

CENTER _____

DATE_____ RATER_____

CLASS1 _____ CLASS2_____ CLASS 3_____
ages of children ages of children ages of children

PERSONAL CARE	1	2	3
1. Greeting/departure			
2. Meals/Snacks			
3. Nap/Rest			
4. Diapering toilet			
5. Personal Grooming			
TOTAL			
FURNISHING/DISPLAY			
6. Routine furnishings			
7. Materials and equip.			
8. Furniture for relaxing			
9. Room arrangement			
10. Child-related display			
TOTAL			
LANGUAGE/REASONING			
11. Understanding lang.			
12. Using language			
13. Concepts/Reasoning			
14. Informal language			
TOTAL			
ADULT PROVISIONS			
34. Adult personal area			
35. Prof. opportunities			
36. Adult meeting area			
37. Parent provisions			
TOTAL			

FINE/GROSS MOTOR	1	2	3
15. Perceptual/fine motor			
16. Fine motor support			
17. Gross motor space			
18. Gross motor equip.			
19. Gross motor time			
20. Gross motor superv.			
TOTAL			
CREATIVE ACTIVITIES			
21. Art			
22. Music/movement			
23. Block play			
24. Sand/Water play			
25. Dramatic play			
26. Schedule flexibility			
27. Creative superv..			
TOTAL			
SOCIAL DEVELOP.			
28. Alone space			
29. Free play			
30. Group time			
31. Cultural awareness			
32. Tone			
33. Exceptional provis.			
TOTAL			

Appendix B

ECERS Totals

Appendix B

ECERS Pretest Totals

CENTERS	1	2	3	4	5	6
Personal Care	19/35	10/35	25/35	17/35	20/35	20/35
Furnishings/Display	25/35	5/35	18/35	21/35	10/35	33/35
Language/Reasoning	17/28	7/28	20/28	19/28	11/28	26/28
Fine/Gross Motor	28/42	6/42	30/42	27/42	27/42	37/42
Creative Activities	31/49	11/49	33/49	28/49	13/49	43/49
Social Development	24/42	7/42	25/42	23/42	12/42	29/42
Adult Provisions	14/28	7/28	14/28	16/28	19/28	25/28

Key: Highest Scores

Personal Care: 35
Furnishings: 35
Language/Reasoning: 28
Fine/Gross Motor: 42
Creative Activities: 49
Social Development: 42
Adult Provisions: 28

Appendix B

ECERS Posttest Totals

Centers	1	2	3	4	5
Personal Care	23/35	19/35	27/35	22/35	16/35
Furnishings/Display	30/35	21/35	24/35	24/35	14/35
Language/Reasoning	18/28	16/28	21/28	20/28	17/28
Fine/Gross Motor	29/42	27/42	32/42	29/42	28/42
Creative Activities	37/49	30/49	36/49	33/49	28/49
Social Development	28/42	22/42	28/42	25/42	20/42
Adult Provisions	17/28	12/28	14/28	17/28	19/28

Key: Highest Scores

Personal Care: 35
Furnishings: 35
Language/Reasoning: 28
Fine/Gross Motor: 42
Creative Activities: 49
Social Development: 42
Adult Provisions: 28

Appendix C

Profile of Participants

Appendix C

PROFILE OF PARTICIPANTS

Centers	1	2	3	4	5	6
Teacher Pupil Ratio	1:8	1:15	1:20	1:6	2:28	1:9
Years of Experience	-1	20	10	2	1	6
Training						
20 Clock Hours	X	X	X	X	X	X
10 DAP Hours		X		X	X	X
CDA (E)						X
ECA of FL						
AA/AS						
BA/BS			X			
Other		FA		CPR FA	CPA FA	
Ethnicity 1=Hispanic 2=Black 3=White	2	2	1	1	1,2, 3	3
Age of Participant	30-40	40-50	30-40	30-40	20-30	20-30

Key:

DAP= Developmentally Appropriate Practice
ECA= Early Childhood Associate
AA= Associate of Arts
AS= Associate of Science
BA= Bachelor of Arts
BS= Bachelor of Science
FA=First Aid
CPR= Cardiac Pulmunary Recusitation

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Appendix D

Professional Development Plan

ECERS WORKSHOP

PROFESSIONAL DEVELOPMENT PLAN developed for _____
(name of participant)

OF _____, _____, _____.
(name of center) (address) (phone)

ECERS Assessment Scores: **Date of Assessment**_____

Routines_____ Materials_____ Lang/reasoning_____ Motor Skills _____ Creative_____ Social _____

Target Assessment Scores:

Routines_____ Materials_____ Lang/reasoning_____ Motor Skills _____ Creative_____ Social _____

OBJECTIVE	STRATEGIES	ACTION TAKEN	COMMENTS
1. ECERS Item # ____			
2. ECERS Item #____			
3. ECERS Item #____			
4. ECERS Item #____			

53

53

Appendix E

Resource File

Appendix E

Resource File

Competency One: Safe and Health

-competency statement

-name and telephone number of agency to report abuse

-completed site safety checklist

-First Aid Training Certificate

-Center exclusion policy for ill children

Competency Two: Learning Environment

-competency statement

-representational drawing of your classroom which demonstrates your understanding of developmentally appropriate practices.

Competency Three: Child Development

-competency statement

-two child observations using forms supplied in class

-descriptions of two teacher-made games or activities that you have used with students. Actual samples may be included if they will fit in the file.

Competency Four: Communication

-competency statement

-samples of two types of communication you use with parents

-names and authors of ten children's books (include titles which support development of gender identity by portraying males and females in diverse roles. Also include titles which deal with separation, divorce, remarriage, and/or blended families.

-descriptions of two activities which you do with children that encourage expressive language.

Appendix F

Competency Goal Statement Guidelines and Checklist

Appendix F

COMPETENCY GOAL STATEMENT GUIDELINES & CHECKLIST

NAME_____DATE_____

COMPETENCY GOAL # I-To establish and maintain a safe, healthy learning environment.

_____ 1. Statement begins with the competency goal statement.

_____ 2. Statement is legible.

_____ 3. Statement has correct spelling, punctuation and grammar.

_____ 4. Statement is 200-500 words in length.

_____ 5. Statement is written in the candidate's own words.

_____ 6. Statement is easily understood.

_____ 7. Statement accurately and realistically describes your goals and for children related this competency area.

_____ 8. Activities are related to the goals.

_____ 9. Goals and activities are age-appropriate.

_____ 10. Goals and activities are culturally appropriate.

_____ 11. Goals and activities are individually appropriate.

_____ 12. Statement addresses all functional areas within the competency goal.

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Appendix F

COMPETENCY GOAL STATEMENT GUIDELINES & CHECKLIST

NAME_____DATE_____

COMPETENCY GOAL # II- To learn basic principles of child development and the cultural influences.

_____ 1. Statement begins with the competency goal statement.

_____ 2. Statement is legible.

_____ 3. Statement has correct spelling, punctuation and grammar.

_____ 4. Statement is 200-500 words in length.

_____ 5. Statement is written in the candidate's own words.

_____ 6. Statement is easily understood.

_____ 7. Statement accurately and realistically describes your goals and for children related competency area.

_____ 8. Activities are related to the goals.

_____ 9. Goals and activities are age-appropriate.

_____ 10. Goals and activities are culturally appropriate.

_____ 11. Goals and activities are individually appropriate.

_____ 12. Statement addresses all functional areas within the competency goal.

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Appendix F

COMPETENCY GOAL STATEMENT GUIDELINES & CHECKLIST

NAME_____DATE_____

COMPETENCY GOAL #_III-_ To learn methods of effective communication and utilize these methods in the classroom.

_____ 1. Statement begins with the competency goal statement.

_____ 2. Statement is legible.

_____ 3. Statement has correct spelling, punctuation and grammar.

_____ 4. Statement is 200-500 words in length.

_____ 5. Statement is written in the candidate's own words.

_____ 6. Statement is easily understood.

_____ 7. Statement accurately and realistically describes your goals and for children related competency area.

_____ 8. Activities are related to the goals.

_____ 9. Goals and activities are age-appropriate.

_____ 10. Goals and activities are culturally appropriate.

_____ 11. Goals and activities are individually appropriate.

_____ 12. Statement addresses all functional areas within the competency goal.

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Appendix G
Implementation Plan Class Agendas

Appendix G

Implementation Plan

During Weeks 1-10 of the ten week period of implementation, participants will attend a four hour class. The book All About Child Care (Segal,1991) will be used.

Class 1 Agenda Safe

1. Using the Site Safety Checklist (NAEYC, 1991), small groups will create a task list and timeline for correcting unsafe conditions in their centers.

Questions to consider:

-what are some common safety hazards in our classrooms?

-what are some common safety hazards on our playgrounds?

-how can children help promote safety?

-what role does classroom management play in following procedures which will protect the safety of children and adults?

-how do you communicate safety procedures to parents?

2. Large group discussion on the above process. Formulate several appropriate classroom safety rules. For example:

we walk inside the building

we sit on our chairs

we let our teacher know if we need to use the bathroom when we are on the playground

we practice safety rules

Appendix G

3. First Aid Training/CPR Course- remind participants that they must have a copy of First Aid Training Certificate in the Resource File (Appendix D). Give dates of next training from Central Agency. Review general first aid procedures in text (Segal,1991) on page 45. Remind to post emergency phone numbers by phones and to have emergency information on children handy (especially on field trips).

4. Break for dinner

5. In small groups brainstorm some appropriate safety lessons for children. For example:

Go on a safety walk. The object of the walk is to teach children to recognize and talk about possible hazards. Give each child a red sticker. Ask them to walk around the classroom (or playground) and place the red sticker on anything that could be dangerous. During large group time, ask children to tell you where they put their sticker and why.

For other ideas refer to text (Segal,1991), page 46.

6. Clean-up and homework assignment:

Read text page 43-54. Bring in their Center Health Policy to share. List five things that will avoid the spread of disease.

Appendix G

Class 2 Agenda Health

1. Last week's homework: Discuss Center Health Policies. On board list the ways we can avoid spread of disease in our centers.

2. Discuss in large group: Universal Precautions-Hepatitis B-HIB- page 277-282 in Healthy Young Children (NAEYC, 1991).

3. Divide into smaller groups and play disease matching game (Appendix G).

4. Show video "ABC's of Clean"(Soap and Detergent Foundation,1986). Demonstrate proper handwashing procedure and the importance of proper handwashing for children.

5. Break for dinner. (During Break, ask each participant to demonstrate proper handwashing procedure.

6. In large group, discuss proper diapering procedure. Use information in text (Segal,1991) page 50 and importance of sanitizing toys and surfaces on page 51.

7. Nutrition: Pass out copies of food pyramid. In small groups, brainstorm ideas to teach children about the importance of eating the right kinds of food.

For example: Activity-Pretend Play. Objective: To teach children to recognize healthy foods. Procedure: Set up a restaurant in Homeliving Area. Provide appropriate props such as a chef hat, apron, menu, trays, pads of paper and pencils, cash register, place setting, napkins, food, etc. Join in the play as a waitress or a parent so that you can model expected behavior.

8. Clean-up and homework assignment: Pass out the criteria for competency

Appendix G

statements (Appendix F). Discuss briefly. Review requirements for Resource File in Competency 1:

-competency statement

-agency to report abuse

-site safety checklist

-first aid training document

-exclusion policy for ill children.

Appendix G

Class 3 Agenda Learning Environment

1. In large group, brainstorm possible responses to the following:

-what do we mean by learning environment?

-how does learning environment affect learning?

-what materials belong in a preschool/toddler/infant room?

why?

-does it matter where we put these materials?

Be sure to make the following points...Learning environment involves the

-arrangement of space

-selection and organization of materials

-planning and implementation of a schedule which is

age appropriate

-what do we believe about how children learn?

2. In advance prepare file folders for a variety of learning centers in each of the age divisions. Divide into small groups by where we work: Infants/Toddlers/Preschool. Look through the catalogs provided.

Locate and glue pictures of appropriate learning materials to adequately equip a variety of learning centers. For ideas participants may refer to text (Segal,1991) pages 20-22 for Infants; pages 23-28 for Toddlers; and pages 29-31 for Preschool.

3. Share folders and the rationale for including a particular material in a specific

Appendix G

center in large group.

4. Break for dinner

5. Show video "Room Arrangement As A Teaching Strategy"(Dodge,1991). Discuss.

6. Review requirements for Resource File in Competency 2:

-competency statement

-drawing of classroom room arrangement

7. Clean-up and homework assignment:

Pass out "Checklist For Learning Centers". Instruct participants to use information from last week's reading assignment and from this weeks' class to evaluate their learning environment. Also read page 3-42 in text (Segal,1991). Experiment with a different room arrangement.

Appendix G

Class 4 Agenda Learning Environment 2

The writer will visit each candidate for a one hour period of observation. A follow-up discussion about room arrangement will be held with each participant.

1. Collect homework. Ask for feedback about the process of modifying their room arrangements.

2. Define Developmentally Appropriate Practice:

Age Appropriateness: Human development research indicates that there are universal, predictable sequences of growth and change that occur in children during the first nine years of life. These predictable changes occur in all areas of development-physical, emotional, social, and cognitive. Knowledge of typical development of children within the age span served by the participant provides a framework from which teachers prepare the learning environment and plan appropriate experiences.

Individual Appropriateness: Each child is a unique person with an individual pattern and timing of growth, as well as individual personality, learning style, and family background. Both the curriculum and the adults; interactions with children should be responsive to individual differences. Learning in young children is the result of interaction between the child's thoughts and experiences with materials, ideas, and people. These experiences should match the child's developing abilities, while also challenging the child's interest and understanding."

Appendix G

(Bredekamp, 1991)

3. Show video: "Developmentally Appropriate Practice: The Role of the the Teacher" (NAEYC, 1989). Discuss.

4. In small groups, brainstorm criteria for developing an effective daily schedule-work in age groupings again. Be sure to include the following points in the follow-up discussion:

-a daily schedule must take into account your school's philosophy

-a daily schedule must take into account the size of your group

-a daily schedule must take into account the length of the school day

-a daily schedule must take into account the time of arrival/departure

-a daily schedule must take into account the physical setup.

Be sure to differentiate between setting up a daily schedule and developing daily plans. A daily plan describes the curriculum to be implemented during the time slots on a daily schedule. Use the text (Segal,1991) pages 38-39.

5. Break for dinner.

6. Divide back into the same groups. Brainstorm possible ideas for setting up an outdoor environment. Use text (Segal,1991) pages 40-42.

7. Reports and final remarks on learning environments.

8. Clean-up and homework assignment:

Read text (Segal, 1991) pages 56-57,67-68, 77-78, and 89-90. Draw a representation of your classroom room arrangement.

Appendix G

Class 5 Agenda Communication

1. Use overhead to describe developmental sequence of language skills and the emergence of language.

2. Discuss the components of conversation and some techniques to facilitate conversation at all developmental levels.

3. Small Groups: In small groups brainstorm and formulate a list of activities which develop listening skills, receptive language, and expressive language. Report.

4. Break for dinner.

5. Read the book: The Patchwork Quilt (Flourney,1993). Pass out pieces of paper. Ask participants to design their own quilts. Talk about how we can use similar activities with children to encourage the love of books.

6. Discuss some ways in which the teacher promotes language competence.

7. Small Groups: Break into age level groups and Role Play conversations with children . Alternate role playing teacher and child. For example: Teachers of infants and toddlers could role play teacher interacting during routine care such as diapering. Teachers of older children can role play interactions during center time.

8. Clean-up and homework assignment. Review criteria for Resource File in Competency 4:

-competency statement

Appendix G

-two types of communication used with parents

-names and authors of ten children's books

-two activities which encourage expressive language

Appendix G

Class 6 Agenda Physical Development

1. Instruct students to:

   a. stand up

   b. lean forward and touch your toes

   c. try to touch your knee to your nose.

2. Discuss with students how they felt as they attempted to do these physical tasks. Elicit responses. Ask them about how they felt about their instructor who is requesting them to do tasks that in some cases, may be difficult for them to do. Alternate suggestion: Ask students to write their names with their non-dominant hand. Then discuss how they felt.

3. Discuss the sequence in which children develop physical skills. Use the text (Segal,1991) pages 63-67, and the article "Fostering Children's Physical Development by J. Hendrick (Pre-K Today, April, 1988).

4. Using cards which have been prepared in advance, form a line around the room according to sequence of large-muscle skills from 0-6 years. If there are more students than cards, some students can serve as checkers to make sure everyone is in the proper place. This activity leads naturally into a discussion about "which comes first"?

5. Divide into age groups: Infants, Toddlers, Preschoolers. Using materials on physical development and resource books provided, develop two activities which will enhance large muscle development.

Appendix G

6. Collect activities and reproduce for all during Break for dinner.

7. Show video: " Constructive Play: Constructing Realities" (NAEYC,1994). Discuss how sensory experiences contribute to children's overall development.

8. Talk about how self-help skills. These skills are learned as children gain confidence in their ability to complete the task. This confidence is gained through the trial and error process. Brushing teeth, putting on jacket, putting on shoes, setting the table, etc. are examples of self-help skills. There is no set standard by which children are measured as they progress through achieving these skills. Rebus charts are helpful reminders to children after the skill has been demonstrated. Let The Kids Do It Books 1 and 2 (Ziegler, Larson, Byers, 1983) include many ideas for rebus charts.

9. Discuss fine motor skills. Use same procedure as large muscle.

10. Clean-up and Homework Assignment.

Read text (Segal,1991) pages 58-58, 69-70, 79-80, and 91-93.

Bring in a toy to explore.

Appendix G

Class 7 Agenda Cognitive Development

1. As participants arrive, allow for free exploration of toys which were brought in for homework. Be sure that several interesting objects appropriate for infants through preschool age are included in the selection:

household items

toys to squeeze, rattle, roll

toys with many textures

construction toys

items to feel

cause/effect toys

items to count

Ask participants to complete a Toy Activity Form on the toy they brought. Be sure that participants understand the function the toy serves in a learning environment which encourages exploration, curiosity, and critical thinking.

2. Discuss cognition. Give several samples of cognitive concepts such as:

Infants and Toddlers- cause and effect, means/end, object permanence, properties of an object, and simple sorting.

Older Toddlers/Preschoolers- shapes, sizes, ordering, patterning, cause/effect, numbers, counting, classifying, comparing, ordering, measuring, and color for example.

Appendix G

3. Show video "Children At Play" (NAEYC,1989) and discuss the role of play in daily routine.

4. Discuss open-ended questions and closed-ended (or object) questions.

5. Working with the person next to you, complete the Analyzing Questions Worksheet. Instruct participants to use the information on handout "Kinds of Questions" provided in class. Additionally, ask participants to prepare several open-ended questions to share with the large group.

6. Break for dinner.

7. In large group, go over Analyzing Questions Worksheet and participants' suggestions of open-ended questions.

8. Briefly discuss levels of questioning. Give several sample questions and ask participants to determine the level of question the sample represents.

9. Clean-up and homework.

Complete the Observation Activity using the format provided in class. Read text (Segal,1991) pages 71-74, 81-86, and 94-96.

Appendix G

Class 8 **Agenda** **Creative Development**

1. Present Charles Schafer's Ten Characteristics of the Creative Child. Instruct participants to think of a creative person they know and describe the characteristics that make this person creative.

2. Lead a discussion on characteristics of creative environments for children. Divide into small groups by age of children with which they work. Ask participants to create an environment on paper which would encourage creativity. Share by hanging their drawings around room.

3. Give participants a piece of paper, markers or crayons. Hold up an elaborate model such as a Norman Rockwell print. Tell them to draw one just like yours. Then give them another piece of paper and ask them to draw anything they want. Discuss participant's response to these two experiences. (Note their body language and socialization as they perform these two tasks. Include that as part of the discussion. Relate this experience to how children may feel in a structured art experience).

4. Pass out the "Rating Scale For Art Activities For Young Children: Developmentally Appropriate Or Not?". Discuss characteristics of developmentally appropriate art. Display art activities being sure that each is numbered. Explain the form and instruct the group to rate a sample piece of art which you provide. (Repeat as needed for comprehension).

5. Break for dinner.

Appendix G

6. Lead a discussion on what we can say to children about their art?

7. Divide into two groups. Let each person in one group select a piece of art work to be "their own". The people in the other group go to each "child" and say something about their art. Groups can then trade roles. Discuss their responses to the various comments.

8. End the evening with a discussion of appropriate teacher/child interactions during creative experiences. Include the following points in your discussion:

* provide literally hundreds of opportunities for the child to experiment freely with materials

*accept the child's efforts at his/her own level

*provide large blocks of time for free choice exploration

*make available open-ended, unstructured materials

*plan for and allow a reasonable amount of mess

*make specific comments about colors, lines, etc.

*encourage divergent thinking

*display child's art work

*ask the child to tell you about his/her work

*remember that it is the process, not the product, that is important

9. Clean-up and Homework.

Review criteria for resource file in competency 3:

-competency statement

Appendix G

-child observations

-2 child games

-1 activity

Read pages 126-131 and 141-144 in text (Segal,1991). During the week, evaluate the way you presently help children recognize and feel confident about their ability to succeed.

Appendix G

Class 9 Agenda Child Development/Self/Social

1. Discuss homework assignment- ways you presently use to help children feel confident in their ability to succeed. List on board. Define self-concept and talk about its importance to child's school success.

2. Show video "Through Infants Eyes"(NAEYC,1989). Discuss importance of valuing each child's uniqueness and the need to respect individual differences.

3. "Round The Table" Discussion Starter. Divide up into small groups by age level you work with. Pass the instructions to each table. Ask participants to follow the instructions. Lead a follow-up discussion.

4. Break for dinner.

5. Ask participants to think about a child that is experiencing difficulty with one of the positive social behaviors in Round The Table Activity. Plan how you will use the information acquired in this class to help this child. Consider materials, activities, or teacher/child interactions. Use the activity sheet provided.

6. Arrange an assortment of children's books. After a group discussion on the importance of books, pictures and other materials which address diversity in families, gender roles, racial and ethnic identity, disabilities and work, instruct participants to select the following:

1. Five children's books that support development of gender identity by portraying males and females in diverse roles.

2. Five children's books dealing with separation, divorce, remarriage, or

Appendix G

blended families.

Complete bibliographical cards on books for Resource File.

7. In small groups, brainstorm the importance of including time for small group, large group, and individual play each day. Report by writing ideas on chart or board. Pass out Self Esteem Builders.

8. Clean-up and homework assignment.

Read text (Segal,1991) pages 46-100. Design and implement an activity which promotes expressive language and one which promotes receptive language.

Appendix G

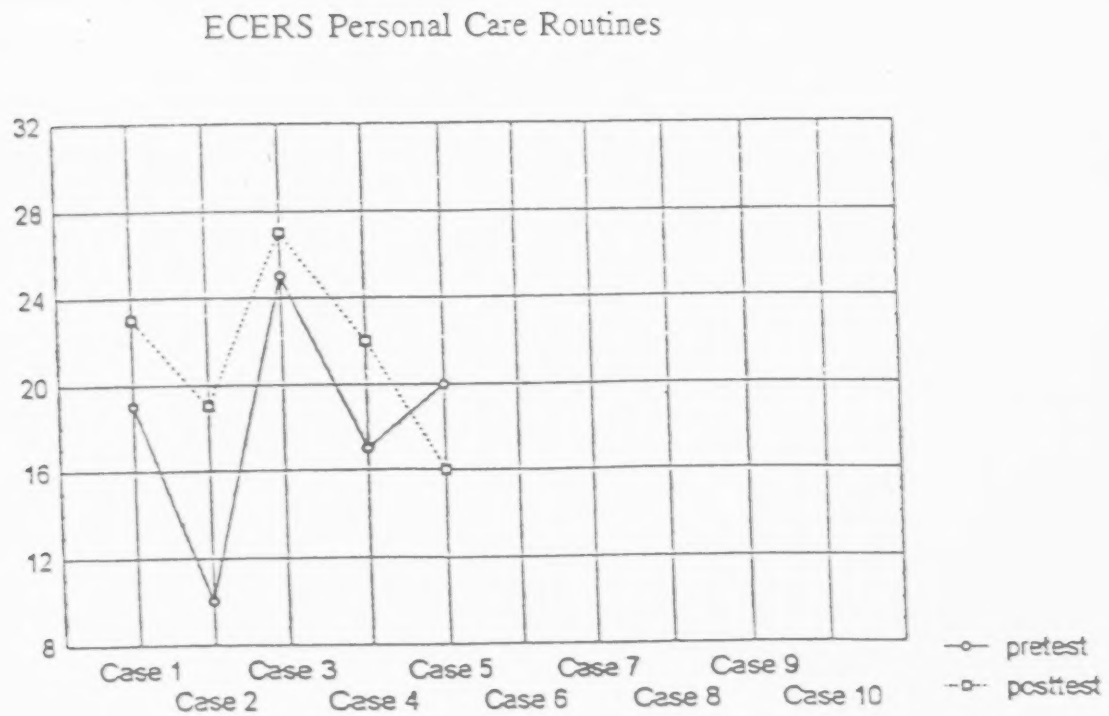
Class 10 Agenda Post ECERS Observation

During week 10 of the ten week period of implementation, participants will be visited by the writer for the purpose of conducting a Post-ECERS observation. Class time will be devoted to work on the Resource File. The writer will provide assistance in the form of resource books, videos, and technical advice.

Appendix H
Comparison of Pre/Post ECERS

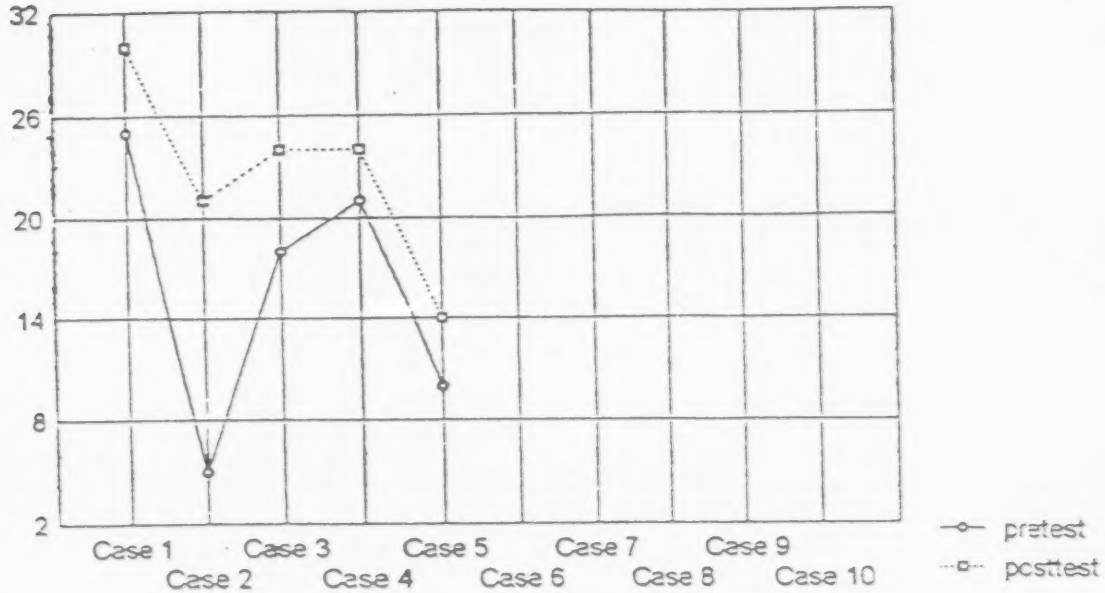
Appendix H

Comparison of Pre/Post ECERS

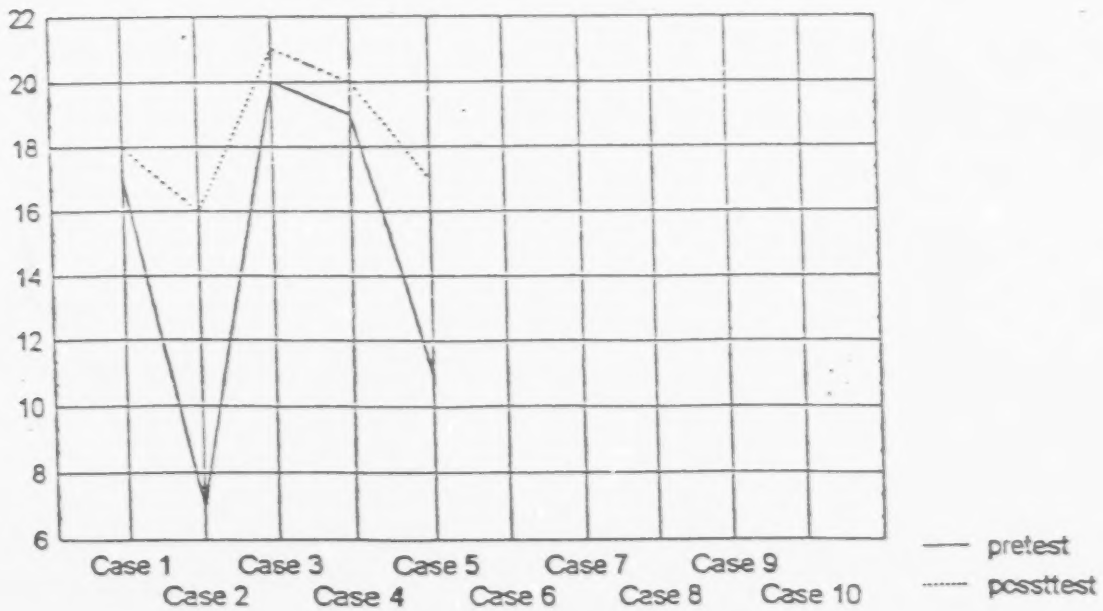


Appendix H

ECERS Furnishings/Display

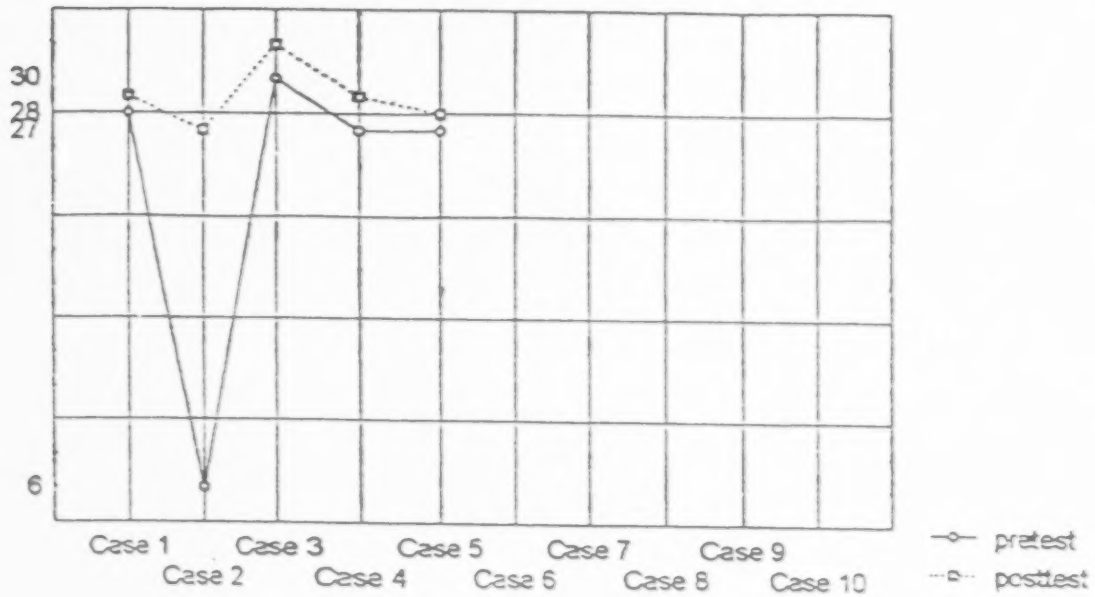


ECERS Language/Reasoning Experiences

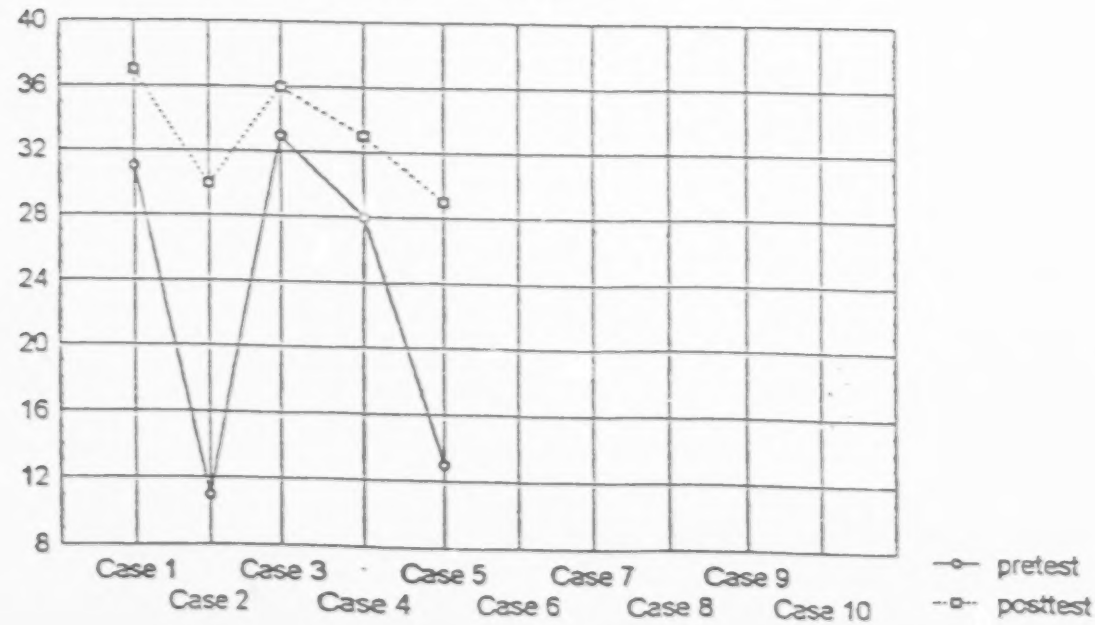


Appendix H

ECERS Fine/Gross Motor Activities

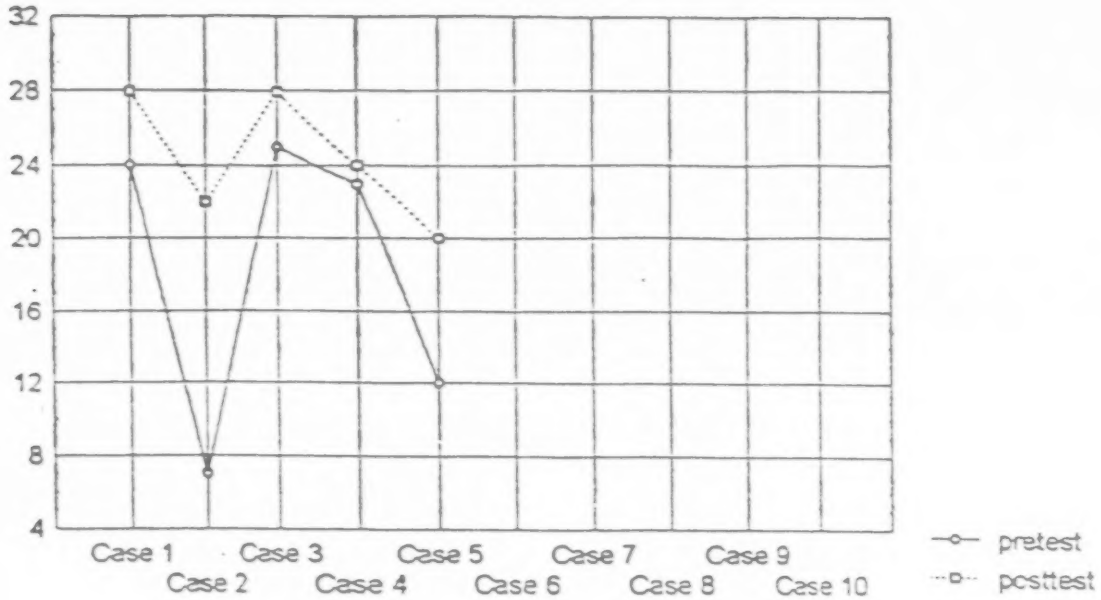


ECERS Creative Activities

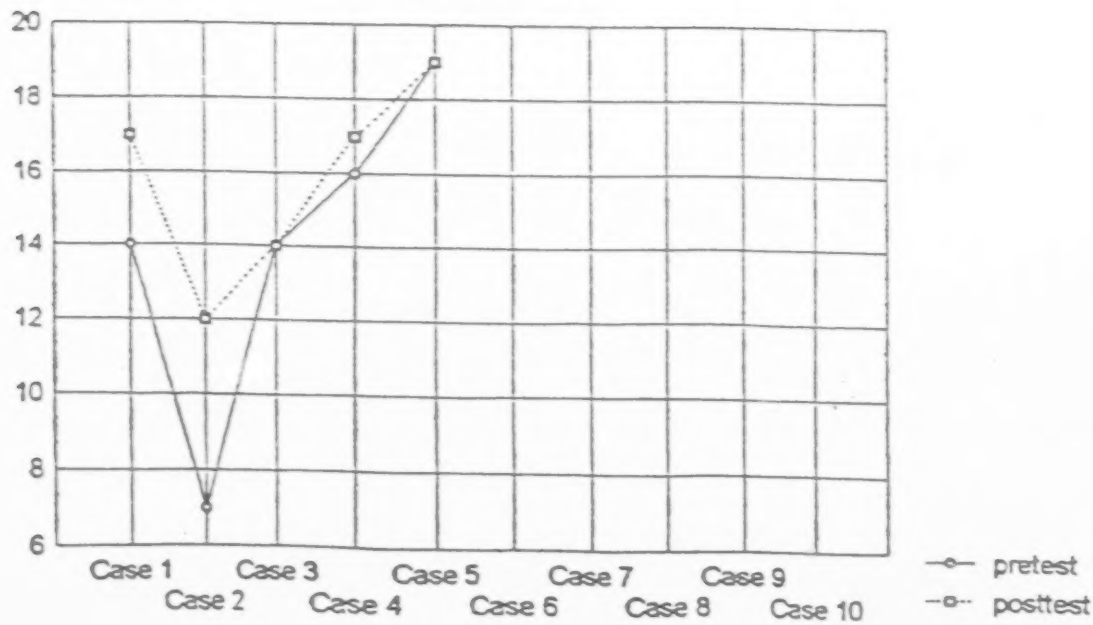


Appendix H

ECERS Social Development



ECERS Adult Needs



Appendix H

Comparison of Pre/Post ECERS Assessments

Centers	1		2		3		4		5		6
Personal Care	19	23	10	19	25	27	17	22	20	16	20
Furnishings/ Display	25	30	5	21	18	24	21	24	10	14	33
Language/ Reasoning	17	18	7	16	20	21	19	20	11	17	26
Fine/Gross Motor	28	29	6	27	30	32	27	29	27	28	37
Creative Activities	31	37	11	30	33	36	28	33	13	28	43
Social Development	24	28	7	22	25	28	23	25	12	20	29
Adult Provisions	14	17	7	12	14	14	16	17	19	19	25

Shaded=Post Assessment

Key: Highest Scores

Personal Care 35
Furnishings 35
Language/Reasoning 28
Fine/Gross Motor 42
Creative Activities 49
Social Development 42
Adult Provisions 28

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